1858 to 1899 inclusive. His cases are distributed into groups, each representing the admissions for a five-year period between the dates mentioned. Clinically he recognizes an agitated, a typical and a dement form for the males, adding thereto a depressive form for the females. His cases are carefully tabulated, and he draws the following conclusions:

The frequency of general paresis in both men and women has very considerably increased in the last four decades. In men the form of the disease has markedly changed, the agitated and typical varieties having decreased in comparison to the cases of simple progressive dementia. In women this alteration of the clinical picture is not apparent. Remissions seem slightly more frequent in both sexes. Paralytic attacks (epileptiform and apoplectiform) are more current, mainly on account of occurring more frequently in the dement type of disease, and are observed oftener in women than in men. The *average* age at which the disease begins has not altered, though more cases are observed in young subjects than formerly. The duration of the disease remains practically the same, averaging about 2 years and 6 months for the men and 2 years and 8 months for the women. The age at death averages about the same as in the earlier periods. ALLEN.

UN CAS D'AMYTROPHIE PROGRESSIVE DITE "ESSENTIELLE" (A Case of So-called Essential Progressive Amyatrophy). A. ABADIE AND J. DENOYÉS (Nouvelle Iconographie de la Salpêtrière, 4, July-August, 1900, p. 415).

The old arbitrary division between the different types of essential muscular atrophy has not been able to stand before the discovery of transitional forms. It is no longer a question between the types of Leyden, Möbius, Duchenne, Erb, Landouzy-Dejerine that the intermediary forms should be sought for, but rather between the myopathic atrophies on one side and the myelopathic atrophies and the neurotiden on the other. The case in question is a child eleven years old, with complete absence of family history, no organic or functional nervous disease on the part of the parents. The patient presents, however, traces of degeneracy, a fact that has been studied by Fabre in relation to myopathies. The disease commenced very early, affecting the lower extremities, then the thorax, and lastly the upper extremities and the hands. The neck muscles are also involved. The evolution has been progressive and symmetrical, with a slight predominance on the left. No fibrillary tremor and no sensory disturbances. The condition of infantile spinal paralysis, lateral amyotrophic sclerosis, syringomyelia, progressive muscular myelopathy (Aran-Duchenne) and peripheral neuritis were easily excluded. There remains then the essential myopathies and the transitional forms. At first sight this patient should be classed as a pseudo-hypertrophic paralytic or simply as a primary progressive myopathic. Two specific characteristics were, however, lacking in this case: first, family character; second, absence of the reaction of degeneration. The case then is to be regarded as an atypical and as a transitional form.

SCHWAB.

UEBER ACUTE ISCHÄMISCHE LÄHMUNG NEBST BEMERKUNGEN ÜBER DIE VERÄNDERUNGEN DER NERVEN BEI ACUTER ISCHÄMIE. (Concerning Acute Ischemic Paralysis, with Remarks on the Changes of the Nerves in Acute Ischemia.) M. LAPINSKY (Deutsche Zeitschrift für Nervenheilkunde, Vol. 17, Nos. 5 and 6, p. 323).

The paralysis resulting from acute ischemia has been supposed to be myogenic, and associated with early contracture. Lapinsky has tied the main artery of one of the posterior limbs in ten rabbits, and avoided any pressure upon the limb. The ischemic limb became rapidly paralyzed and cold, the paralysis was flaccid, and passive movements were not restricted. Sensation for pain, touch and pressure, as well as the cutaneous and tendon reflexes, disappeared, and quantitative changes in the electrical responses were obtained. Ischemic contractures did not occur. The microscope showed pronounced parenchymatous neuritis in those cases in which the collateral circulation did not develop until the fourth or fifth day after the operation. The muscles were not normal, but the paralysis was believed to be of nerve origin. SPILLER.

L'ATROPHIE OLIVO-CEREBELLEUSE (Olivary-Ponto-Cerebellar Atrophy). J. DEJERINE ET A. THOMAS (Nouvelle Iconographie de la Salpêtrière, No. 4, July-August, 1900, p. 330).

The purpose of this paper is to attempt to classify the cerebellar atrophies which show certain clinical similarities. Such cases are found scattered through literature. The material of the paper is furnished by two cases, one of which came to autopsy. These cases permitted the study of the symptomatology accompanying cerebellar abscesses, their diagnosis, and some anatomical considerations of the cerebellum and the physiological pathology of the cerebellar syndrome. The two cases showed typical symptoms of cerebellar disease, disturbance of equilibrium in standing and in walking, but with almost absolute integrity in the isolated movements of an extremity, speech disturbances, nystagmus, exaggeration of reflexes, etc. Case I. died suddenly, and a careful microscopic examination of all parts of the central nervous system, illustrated in the article by excellent photographs, is given. The authors sum up their results as follows: The nervous system is in the main small. There exists an atrophy en masse of the cerebellar cortex, more marked in the hemispheres than in the worm, with degeneration and disappearance, in great part, of the afferent and efferent fibers and fibers of projection, with atrophy of the principal nuclei of origin of the efferent fibers, the bulbar olive and the pontine nuclei. Atrophy, less pronounced, of the nuclei of the central gray (dentate nucleus, roof nucleus and "Bouchon" round nucleus). It is a primary cellular atrophy, the absence of vascular alteration, the hemorrhagic foci, and foci of softening, of sclerosis permits this to be affirmed. The topographical anatomical lesions are, first, a total atrophy of the cerebellar cortex; second, total atrophy of the gray matter of the pons, and total degeneration of the middle cerebellar peduncle. Third, the very pronounced atrophy of the inferior olive of the ponto-olive nuclei, archiform nuclei, degeneration of external arcuate fibers and of the corpora restiformia. The pyramids and cerebral peduncles appear smaller than normal, but show no traces of degeneration.

The following classification is proposed. Cerebellar atrophies comprehend two classes, a sclerotic atrophy and a simple degenerative atrophy. The authors agree in general with the results obtained by experimental physiology. The cerebellum as a center of the reflex of equilibruim (Flourens Thomas) is especially favored by the disturbances in equilibrium, locomotion and the relative integrity of isolated